

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
 Registered No. 19

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Heale or Village _____
 City Heale No. _____ St. _____ Ward _____

2. Full name of child

Norman Davis Smith

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

5. No. in order of birth

6. Legitimate?

Yes

7. Date

of birth

Feb. 5 - 1929
 Month Day Year

8. FATHER

Full name

Lorenzo Wickliff Smith

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Box 1769
Heale, Ariz.

10. Color or race

White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Snowflake
Arizona

13. Occupation

Nature of Industry

Dairy man

14. MOTHER

Full maiden name

Blanche Rogers

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Heale, Ariz.

16. Color or race

White

17. Age at last birthday 30 (Years)

18. Birthplace (city or place)

(State or country)

Snowflake
Arizona

19. Occupation

Nature of Industry

House wife

20. Number of children of this mother 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living five

(b) Born alive but now dead none

(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 A.M. on the date above stated
 (Born alive or stillborn)

Signature

G. E. Wighman

(Physician or midwife).

Given name added from
 a supplemental report

Month, day, year

Address

Globe Ariz

Filed

3/8

1929

G. E. Wighman

Registrar

Registrar

528-205-292